LIERARY

BOROUGH OF



STALYBRIDGE.

ANNUAL, REPORT,

OF THE

MEDICAL OFFICER OF HEALTH.

1941

JAMES GORMAN, M.B., Ch.B., D.P.H.,

Medical Officer of Health



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BOROUGH OF STALYBRIDGE.

COMMITTEES.

(Nov. 1941—Nov. 1942).

PUBLIC HEALTH COMMITTEE.

Chairman - - - - Alderman G. Potts, J.P.

Deputy Chairman - - Councillor G. Leigh, J.P.

The Mayor - - - Councillor H. Slack, J.P.

Alderman Williams, J.P., C.C., M.B., Ch.B.

Councillor Abrahams, Councillor Hudson,

,, Allen, ,, Mrs. Illingworth,

,, Carr, ,, Porter,

, Harris, ,, Twigge,

, Hewitt, " Wilson.

MATERNITY AND CHILD WELFARE COMMITTEE.

Chairman - Alderman T. B. Williams, J.P.,

C.C., M.B., Ch. B.

Deputy Chairman - Councillor A. Sidebottom.

The Mayor - - - Councillor H. Slack, J.P.

Alderman G. Potts, J.P.

" Mrs. Summers, M.B.E., J.P.

" J. Wilson, J.P.

Councillor Abrahams, *Mrs. Harris.

" Mrs. Illingworth, *Mrs. McCarthy.

, Roberts, *Mrs. Sykes.

,, Twigge, *Mrs. Tonge.

*Mrs. Walker.

^{*} Co-opted Member.



TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH AND MATERNITY AND CHILD WELFARE COMMITTEES.

Ladies and Gentlemen,

I beg as Medical Officer of Health to submit to you the report on the Public Health Services for the year 1941, and in so doing I would express my indebtedness to all who have contributed towards the year's work.

I have the honour to be, ladies and gentlemen, Your obedient servant,

JAMES GORMAN,
Medical Officer of Health.

Public Health Department, Town Hall, Stalybridge.

July, 1942.

STAFF CHANGES.

Mr. S. Millward, C.S.I.B., Chief Clerk, joined the Forces during the year while Mr. A. Clough, Clerk, similarly left us shortly afterwards.

Miss M. Millward, Clerkess, resigned during the year.

The vacancies were filled by the temporary appointments of Miss J. Norton and Miss G. Garside.

The Dental Surgeon to the Maternity and Child Welfare Committee, Mrs. Stewart (Miss B. M. MacDonald) resigned during the course of the year and was succeeded by Miss F. I. Wilson.

The Orthopædic Surgeon, Mr. H. Poston, F.R.C.S., also resigned during the year and was succeeded by Mr. W. Sayle Creer, F.R.C.S.

VITAL STATISTICS FOR THE YEAR 1941.

As compared with the previous year, the livebirth rate of 12.94 shows a slight decrease as does the crude death rate of 16.64, the livebirths during the year totalling 276 and the deaths 355.

INFANTILE MORTALITY.

There were 26 deaths of infants under one year of age furnishing a mortality rate of 92.86. This shows a large rise as against 1940, and comment will be noted later, (p. 13).

VACCINAL CONDITION OF POPULATION.

VACCINATION.

34 certificates of successful primary vaccination in children under 14 were received during 1941, while 144 Statutory declarations were made in the same period.

234 and 1448 were the corresponding totals for the period 1933—40 inclusive.

TABLE I.

Birth-Rate, Death-rate, and Analysis of Mortality during the Year 1941 (Provisional figures). (The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only.)

Rate per 1000 Live Births.	Total Deaths under one year.	59	71	90	89	36
Rato 1000 Bir	Diarrhæa and Enteritis (under two years).	5.1	7.5	4.6	6.8	7.1
	Influenza.	0 19	0.17	0.20	0.15	0.37
tion.	Diphtheria.	0.07	80.08	90.0	0.03	0.04
Annual Death-rate per 1000 Population.	Whooping Cough.	90.0	0.07	90.0	₹0.0	0.00
per 1000	Scarlet Fever.	0.00	0.00	0.01	0.00	0.00
th-rate	Measles.	0.03	0.03	0.03	0.05	0.04
ual Dea	Small-pox.	ı	1	1	l	1
Ann	Enteric Fever.	0.00	0.00	0.00	0.01	0.00
`	All causes.	12.9	14.9	13.0	16.3	16.6
Rate per 000 Total opulation.	Still-births.	0.51	0.58	09.0	0.33	0.65
Rate per 1000 Total Population	Live Births.	14.2	14.7	16.4	8.9	12.94
		England and Wales	126 County Boroughs and Great Towns, including London	148 Smaller Towns(1931 Adjusted Populations, 25,000—50,000)	London	Stalybridge

0.48 Maternal mortality rate for England and Wales per 1000 Total Births

Total.

Others.

Puerperal Sepsis.

TABLE II.

REGISTRAR GENERAL'S RETURN FOR THE YEAR 1941.

CAUSES OF DEATH

-				
No.	GROUP CAUSE OF DEATH.	М.	F.	Total
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13m 13 f 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36.	Typhoid and Paratyphoid Fevers Cerebro-spinal Fever Scarlet Fever Whooping Cough Diphtheria Tuberculosis of respiratory system Other forms of Tuberculosis Syphilitic disease Influenza Measles Acute poliomyelitis and polioencephalitis Acute infectious encephalitis Cancer buccal cavity & oesophagus (Males only) Cancer of uterus Cancer of stomach and duodenum Cancer of Breast Cancer of other sites Diabetes Intra-cranial vascular lesions Heart disease Other diseases of circulatory system Bronchitis Pneumonia Other respiratory diseases Ulceration of stomach or duodenum Diarrhœa (under 2 years of age) Appendicitis Other digestive diseases Nephritis Puerperal and post abortive sepsis. Other maternal causes Premature birth Congenital Malformations, etc. Suicide Road Traffic Accidents Other violent causes All other causes	1 6 1 1 2 2 9 8 1 16 35 7 13 7 2 3 5 6 6	1 7 1 6 1 6 1 6 1 5 3 27 39 6 15 5 1 2 2 4 6 1 1 27	1 1 13 2 1 8 1 1 2 6 13 6 23 4 43 74 13 28 12 3 5 2 9 12 1 7 11 2 1 7 43
	TIBLE CITOURS.	100	102	

GENERAL PROVISION OF HEALTH

SERVICES IN THE AREA.

BACTERIOLOGY.

SWABS.

46 swabs were examined for B. Diphtheriae and of these 6 faucial and one nasal were found positive. One virulence test was positive.

MISCELLANEOUS.

11 stool examinations and 1 blood culture were performed during the year.

DAIRIES, COWSHEDS AND MILKSHOPS.

A detailed report was submitted during the year on all the farms in the Borough referring especially to certain defects found during inspections. The Committee discussed the findings with the farmers involved also drawing the attention of the farm owners to the position.

Routine Methylene Blue testing of milk continues and during the year 22 tests were taken and 20 returned satisfactory results.

PASTEURIZED MILK.

Phosphatase testing was performed as a check on the pasteurization process of milk sold locally.

Four tests were taken, the results being satisfactory.

No milk is actually pasteurized in the district but during the year a change was made in the method of pasteurization adopted by the firm supplying such milk locally. This change was covered by the Milk Supply Designation Regulations, 1941, permitting a method of pasteurization alternative to that known as the "holder."

WATER SUPPLIES.

Periodic sampling of all supplies is carried out.

A detailed investigation into the various sources of private supply with special regard to isolated properties fed by spring water was made. A detailed report was presented to and accepted by the Public Health Committee.

During the year two cafe premises on spring supplies were provided with Town's water.

SCHOOLS.

The conveniences at Canal Street Methodist School were not altered during the year.

MATERNITY AND CHILD WELFARE.

The statistics of work done during the year show a marked increase over the previous year in practically all sections including the ante and post natal clinics and the infant consultation clinic.

DAY NURSERIES.

The position was kept under review throughout the year, local needs failing to justify any actual establishment of a nursery.

PROPAGANDA.

A subscription was made to the National Baby Welfare Council and apart from Diphtheria Immunisation literature, leaflets entitled "The Welfare of Babies in Air Raids" were distributed.

GENERAL.

The Committee decided during the year to recover 25% of ancillary services expenditure, e.g., cost of X-rays, splints and the like.

New arrangements for the distribution of fruit juices, cod liver oil and national dried milk under the Government scheme and the issue of clothing coupons to expectant mothers were initiated.

MIDWIVES ACT, 1936.

The number of cases attended by midwives during the year:—

- (1) As Midwives 140

The number of cases during the year in which medical aid was summoned under Section 14 (1) of the Midwives Act, 1918, was 71.

NOTIFICATION OF BIRTHS (PUBLIC HEALTH ACT, 1936).

293 notifications of births were received during the year relating to 279 live-births and 14 stillbirths.

18% of these notifications were received from midwives. In view of the general trend towards institutional confinement it is interesting to note that 106 cases, or over one in three, were confined in institutions.

There is, of course, no Maternity or Nursing Home in Stalybridge, so that for this important service, complete reliance is placed upon neighbouring authorities. It seems more than likely that hospital confinement, especially for the first child, will become increasingly regarded as the method of choice and the whole question therefore necessitates frequent consideration.

STILLBIRTHS.

14 stillbirths were notified during the year and a limited investigation revealed the following points in connection therewith:—

Health of mother.

In some 9 instances this has been abnormal including certain toxemias of pregnancy.

Duration of pregnancy.

4 cases out of the 14 were delivered prematurely.

Nature of confinement.

In 8 cases, i.e., more than half, instrumental delivery was necessary for such conditions as breach and foot presentations.

Ante-natal care.

This appeared to be adequately provided for in all the cases.

Previous history.

In 5 out of the 14 cases there had been a history of previous stillbirths or abortions including in one case a history of four previous abortions, while in three other instances with a negative history in this respect previous children had died within one month.

Number of child in family.

In 5 instances the stillbirth was that of the first child. This fact is notable since in the remaining instances the still-birth occurred at any time from the second to the twelfth pregnancy.

INFANTILE MORTALITY.

26 deaths occurred under one year.

In view of the marked rise in the 1941 rate, the deaths were investigated on certain lines which are noted below. Various circumstances rendered it impossible to make anything like a complete enquiry into every death so that the totals mentioned will not necessarily correspond with the total number of infant deaths.

Inquiries revealed the following facts:-

Previous history presented no feature of importance in 18 cases out of 23.

Ante-natal care was generally satisfactory.

Confinement was at home in 18 out of 24 cases.

In 10 out of the 24 cases the confinement was normal while of the remainder 5 might be classified as abnormal, 5 concerned multiple pregnancies and 2 were premature births.

Feeding showed that 6 children were artificially fed, 5 were breast fed and 7 had both forms of feeding.

Age at death — 5 infants died under one day old, a further three from one to seven days and an additional six under one month. Fourteen out of 26 deaths therefore occurred in the neo-natal period. It will be apparent that the question for example of the type of feeding may not play a very vital part in achieving the continuance of life where a child has had so bad a start as was the case with many of these children. These figures also serve to emphasise the complexity of the infantile mortality problem, governed as it is to a very important extent by ante-natal influences probably making themselves felt from a very early stage of the ante-natal state.

Month of death — In the first trimester of the year, 4 deaths occurred, in the second, 12, in the third, 4, and in the fourth, 6.

Cause of death. — Prematurity, Atelectasis, Asphyxia and Broncho-Pneumonia figure as prominent causes. It should be noted that in two of the cases in which Broncho-Pneumonia was certified as the principal cause there was a definite history, that the mother had a cold or that the mother and other children had tonsillitis. The importance of this is difficult to assess but it may be significant and certainly would afford strong support to the view that every possible precaution should be taken to protect the young child from exposure to infection, even from common ailments.

General. — Certain other points were dealt with and it was found that in 15 instances the mother had not worked during pregnancy while in the others work had not been unduly continued. In this connection the most important consideration is not whether or not the mother works—since relatively few mothers are in the position of being able to have their work done for them — but that the nature of the work is not such as adversely to affect their health.

The ante-natal state will of itself impose certain and increasing limits upon the capacity of the individual to work and any further unnecessary limitations may merely encourage an introspective outlook and a tendency to regard the antenatal period as one approximately to at any rate a minor degree of ill-health.

A psychological approach of this kind is certainly not conducive to that contentment of mind which is not the least important factor in the achievement of a normal confinement.

Number of child in family. — This factor in the cases reviewed was not significant.

MATERNAL DEATHS.

The one maternal death occurred as a result of preeclamptic toxæmia resulting in an instrumental delivery of a premature child and occurring in hospital.

ANTE-NATAL CLINIC.

During the year 97 cases were seen and 313 attendances in all were made.

POST-NATAL CLINIC.

35 new cases were seen and a total of 48 attendances was made.

INFANT CONSULTATION CENTRE.

Number of Sessions held	99
Total number of Attendances of	
Infants	4537
Average Attendance per Session	46
Total number of children who at-	
tended the Centre for the first	
time during the year:—	
(a) Under 1 year of age	195
(b) Between 1 and 5 years	<i>7</i> 5
Total number of children who were	
attending the Centre at the	
close of the year :—	
(c) Under 1 year of age	166
(d) Between 1 and 5 years	330
Percentage of Infants receiving	
foods sold at Clinics	61%

EVACUEES

During the year some 284 evacuees were received from other areas. Provision was made for their complete medical examination on some two occasions prior to their being billeted and all the Public Health and Maternity and Child Welfare facilities existing locally were made known to them and placed at their disposal. The difficulties and work entailed in dealing with even the number noted should be recognised generally and certainly were recognised by all those engaged in the actual administration. It might be added that no justifiable ground for complaint existed in respect of the medical condition of any evacuee passed for billeting in Stalybridge.

HEALTH VISITORS WORK.

The following is a tabular summary of the visits made by the Health Visitors during the year:—

Number of primary visits	to children0—1 year	273
(following notification)	ation of birth)	
		1885
	to transfers of all ages	33
	paid to evacuees of all ages	99
	o children 1—2 years	1125
22 22 22	" 2—3 years	1030
22 22 22	" 3—4 years	1015
22 22 22	" 4—5 years	1169
22 22 22	re infant deaths	24
),),),),),),),),),),),),),)	re stillbirths	11
,, ,, ,,	Ante - natal	21
,, ,,	Post - Natal	6
	re Diphtheria Immunisatio	on 94
		13
Special viscos		
		6798
Infectious Disease Visits.		17
Tiffeetious Disease vieres v		
01	12 23 34	45
year y	rears years years	years
1st Visits 195	32 17 12	14
Subsequent Visits2822	649 324 242	230
	132 88 66	52
Number seen by M.O. 391	102 00 00	

VISITS TO EVACUEES.

The routine follow-up visits associated with the primary visits noted above formed a valuable part of the arrangements made for securing the well-being of our temporary inhabitants. The transient nature of the stay which characterised many of the families rendered any close observation very difficult. A close co-operation with the Billeting Officer proved mutually advantageous.

IMMUNISATION VISITS.

Not all the visits noted were made to pre-school children but the prime importance of immunising the pre-school child before the school child is always borne in mind. The Health Visitors proved most useful in securing the measure of success which did attend the campaign.

INFANT FEEDING.

On enquiring into the general welfare of the young child it is surprising to discover the frequency with which a routine powder or other form of medicine is given. It does not seem necessary for the child to be off colour for this ritual to be observed and in fact children are evidently not recognised as possessing any right of self-expression since for example, no distinction is made between a child who cries one might say naturally, as against the child who cries as a manifestation of some dis-comfort or ailment. Again it should be noted that many children may cry quite apart from conditions requiring an internal remedy. Attention to clothing or position will for example often succeed in pacifying the infant.

It should be emphasised that the regular giving of medicine to a child or for that matter to an adult quite apart from there being any indication by way of illness, is misguided. The common ailments of childhood are not usually those which can be thus prevented (the disease-preventing vitamin concentrates such as Cod Liver Oil are of course in a very different class).

Expenditure therefore on the foregoing lines while actuated by the best of motives should be directed into more rational channels. The giving of advice unaccompanied alike by the persuasive resources of a dispensary and the support of an advertisement is still a relatively thankless task reflecting an outlook which the medical profession can do much to alter.

It is almost fair to say that more medicine is consumed by well infants than by ill and yet one cannot see how any ultimate benefit can be derived by a child or adult taught to regard medicine as he would milk.

The following ordinary sales were made at the Clinics:—

3663 packets of dried milk.

191 lbs. 10 ozs. of Virol.

39 lbs. 3 ozs. of Virolax.

7 quarts 6 1sth pints of Cod Liver Oil.

411 packets Vitamin "C" Tablets. (commenced March)

16 Packets Farex.

Adexolin Tablets.

and the total receipts were £375:3:4.

ORTHOPÆDIC CLINIC.

It will be seen below that some 34 new cases attended as compared with 25 last year.

During 1941, 50 sessions have been held, and the Orthopædic Surgeon was present at 4. The total attendance of preschool children during the year was 167.

The types of new cases dealt with are as follows:-

	201101101
Rickets	1
Genu-Valgum (Knock Knee)	14
Genu-Varum (Bow Leg)	1
Spurius-Valgam (Flat Feet)	7
Calcano-Varus	1
Toe deformities	2
Other conditions	8
	34

Below is the Report of the Visiting Orthopædic Surgeon:—

"In the course of examining and prescribing treatment for the children of the Borough referred to the Orthopædic Clinic certain points impressed themselves upon me. They are:—

(1) The excellent general health of the children.

(2) The surprising incidence of minor deformities such as knock knee, "flat foot" and poor posture

Many of the cases are mere passing variations from the accepted normal which occur at varying stages in the growth of a child, but some of them require treatment and it is most satisfactory to realise that they are being spotted so that treatment can be given before the condition is too far advanced.

(3) Facilities for treatment here as in every other part of the country are inadequate for certain conditions. In particular the question of posture requires very careful thought. The cases of bad posture are really cases of bad habit and it is not of much value to have a child receiving exercises once or twice a week for a matter of half an hour; what is required is the Army system of constant supervision for if the child is under such supervision the unconscious or automatic re-education of the muscles and re-establishment of a more correct posture becomes possible."

W. SAYLE CREER, F.R.C.S.

ARTIFICIAL	SUNLIGHT.
	63.5

Referred for:—	Completed course		Course not completed		
Debility	4 2 2 5	F. 3 4 2 2 6	M. 1 — 3 1	F1	
Miscellaneous	5	3	4		
	24	21	9	1	

OPHTHALMIC CLINIC.

21 pre-school children attended, 5 being for re-inspection. Spectacles were issued to 6 cases. 10 cases were referred for further observation. In all, 36 attendances were made.

DENTAL CLINIC. The Dental Surgeon Reports:—

"Only 6 ante-natal cases applied for dental treatment during the year. Of these 6 cases, 3 had the necessary treatment completed.

These figures are so obviously low that it seems almost unnecessary to comment upon this unsatisfactory position.

The treatment at present offered to these expectant mothers is far from satisfactory from their point of view, as up to now, there are no arrangements for the provision of dentures.

It is indeed a poor dental scheme which has as its only recommendation just the extraction of teeth.

This precise attitude, that dental services are merely for the removal of aching and septic teeth, is one which is utterly wrong and greatly to be deplored.

I propose to suggest the extension of this service so as to offer these patients far fuller and more comprehensive dental treatment including :—

- (!) Extractions under general anæsthesia in suitable cases.
- (2) The provision of prosthetic appliances when necessary."

FRANCES I. WILSON,

Dental Officer for Maternity and Child Welfare.

CLINICS.

A note of the days and times of the various Clinics appears on the back page.

VOLUNTARY WORKERS.

The services of the following ladies have again been of the highest value in a voluntary capacity and in view of the many calls at present being made in other directions grateful acknowledgement is made of their assistance:—

Miss Broadbent.
Mrs. Froggart.
Mrs. J. Bottomley.
Mrs. Harris.

Mrs. J. Burgess.

Mrs. Revell.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

Mrs. I. Walker.

The following is a summary of the cases of infectious disease notified during the year, showing the corresponding figures for the previous year:—

→		
	1941.	1940.
Diphtheria	22	30
Scarlet Fever	29	19
Tuberculosis (all forms)	37	35
Measles	204	461
Whooping Cough	63	267
Cerebro-Spinal Fever	3	
Miscellaneous	34	55
	392	867

DISINFECTION.

During the year 91 beds, 217 pillows and bolsters, 602 blankets and 569 other articles have been dealt with at the Disinfection Station.

REST CENTRES.

The possibility of infectious disease occurring in rest centres was considered. It was also agreed that blankets and similar articles from other areas could be dealt with at the Stalybridge disinfector.

LICE.

A special report on lice and the prevention of infestation was presented. The possible occurrence of louse-borne typhus fever was mentioned together with the problems attendant upon treatment of cases and observation of contacts.

HOSPITAL CHARGES.

An increase of 10% in isolation hospital charges was approved.

SPECIFIC INFECTIONS.

DIPHTHERIA.

One death occurred during the year the age of the child concerned being 5 years.

DIPHTHERIA IMMUNISATION.

An intensive campaign was conducted during the year, a leaflet being sent to every parent in the Borough with a child from one to 14 years while the public press and shelters were utilised for propaganda purposes. The co-operation of the Education Committee was wholeheartedly available to us, and it was arranged that Diphtheria Toxoid should be supplied free to medical practitioners in return for which a record of cases immunised would be submitted. The results for part of the year were noted in the last report and a complete summary is appended below. It might be added that the stimulus of the general campaign wore off rapidly while a relatively low incidence of the disease induced a complacency which nature will in due course doubtless take steps to dispel.

DIPHTHERIA IMMUNISATION. 1941. Number of children completing injections... (Pre-school 321 — school 794) Number of children failing to complete course 115 Number of children in course of immunisation 16 Number of children schick tested 119 (A.P.T. 62 - T.A.F. 57)Number of children found negative after schick test 107 (A.P.T. 50 - T.A.F. 57)

SCARLET FEVER.

29 cases were notified as against 19 the previous year, and of the notified cases 13 were removed to hospital. The type remained mild.

PNEUMONIA:

12 deaths were certified during the year while 32 notifications were received.

TUBERCULOSIS.

37 cases were notified during the year an increase of 2 over last year.

TUBERCULOSIS MORTALITY.

A decrease in the deaths from Pulmonary Tuberculosis — 13 — as against 16 — is noted while Non-Pulmonary Tuberculosis accounted for the same number—2—as in the previous year.

15 cases of Non-Pulmonary Tuberculosis were notified.

Non-Pulmonary Tuberculosis cases notified mainly comprise glands in the neck in young children a condition in which the diagnosis may be difficult to make with certainty.

TUBERCULOSIS — EVACUEES.

It seems to me desirable that arrangements should be made to provide the Public Health authority of the billeting area with information as to any cases of Tuberculosis among evacuees. If details are available for the Tuberculosis Treatment Authority, then the importance of taking similar steps to keep the Medical Officer of Health (who may have to advise regarding billeting) informed should be borne in mind. No trouble in this connection has yet arisen locally but as a preventive measure it is of consequence.

TUBERCULOSIS.

The Public Health (Tuberculosis) Regulations, 1940, provide for the notification of certain males to the Ministry of Labour and National Service.

TUBERCULOSIS—SPUTUM EXAMINATIONS.

56 specimens were examined, 11 were positive and 45 negative.

CANCER.

50 deaths during the year were attributed to cancer.

SCABIES.

Following enquiry among local practitioners it was decided to leave the question of providing a municipal clinic in abeyance.

GENERAL.

Certain broad principles apply to infectious disease and although mentioned in previous annual reports ought to be noted here:—

(1) If a child has a rash not known to be non-infectious it should, so far as possible, be isolated until the

question of infection is definitely cleared up. The difficulties of home isolation especially with a number of young children in possibly a small house are appreciated but to take a suspicious case to a doctor's surgery or a clinic is neither fair to the case itself nor to the other attenders at the places mentioned.

- (2) Every parent should make himself familiar generally with the appearance of his child's throat so that he may be able to recognise anything grossly abnormal.
- (3) If a child has mumps or swollen glands in the neck look at the throat first of all as I am quite certain that very many so-called cases of mumps in which a doctor is not summoned are not in fact mumps at all but most probably swollen neck glands which may originate in a septic condition of the throat. The day is not yet past when a so-called mumps is in reality a true Diphtheria and the life of a child should not be endangered by neglect of elementary precautions.
- (4) During the year the question of louse-borne typhus fever and cleanliness generally have come prominently to notice. It should be emphasised that neither nits nor lice are anything but a sign of uncleanliness and the aim should be to avoid any infestation of this kind. The ease with which many cases are cleared up on steps being taken by the Health authorities is adequate proof that reasonable care would have prevented an occurrence of the condition so speedily remedied.
- (5) The importance of what one might term training in coughing might be mentioned. Many diseases are

thought to be spread by a so-called droplet infection, by minute particles expelled in for example, the act of coughing. Neither children nor adults should therefore be encouraged to cough vigorously into their immediate vicinity without first taking adequate precautions to avoid a generous distribution to their neighbours of any disease-carrying particles which they themselves might harbour. Some form of control should therefore be used by the person coughing to limit the spread of infection and the example of the adult will form the habit of the child.

MISCELLANEOUS.

Throughout the year I have examined for superannuation, N.F.S., and other purposes, 19 males and 41 females.

At the request of local practitioners some 25 visits were paid during the year to cases of suspected infectious disease.

OFFICE ACCOMMODATION.

Citizens consulting the Sanitary Inspectors very frequently do so upon matters which do not lend themselves to other than private discussion but our present arrangements fall far short of providing such a standard. It may be that the war has retarded a permanent solution to this problem—certainly it has accentuated the difficulties of the position—but some temporary arrangements should be possible to terminate what can only be regarded as a most unsatisfactory state of affairs already existent much too long. This plea is made in fairness alike to the public and the inspectors.

HOUSING.

The number of slum clearance families re-housed was 4.

An informal meeting was held with the owners during the year to discuss certain properties.

OVERCROWDING AND SLUM CLEARANCE.

One of the first post-war needs will be a detailed review of the existing housing position in the town as the time which has elapsed since the overcrowding survey was made will unquestionably have produced so altered a state of affairs as to render the previous details largely valueless in so far as they indicate individual house occupants. The condition also of many houses surveyed will doubtless have deteriorated to an extent which will have rendered previously borderline houses, now fit for treatment in a much more drastic way. This will be quite apart from the certainty that post-war housing standards will tend to rise greatly and so will alter the relative position of many present - day dwellings formerly deemed satisfactory.

The provision of fireguards in every house as part of the fittings seems not to be difficult while such present luxuries as electric washers and refrigerators of various types should not be regarded as visionary for ordinary modern houses but should be looked upon for what they really are, aids to good housekeeping and public health investments.

With what expedition and under what conditions post war slum clearance work will be conducted depends upon largely unpredictable factors.

It should not, of course be forgotten that the utilisation meantime to the best advantage of any new houses or houses becoming vacant can provide a practical and far from ineffective contribution towards general betterment.

The aged have received special attention in local housing plans and a special plea might be made here for some acceptable form of preference to be accorded Tuberculosis sufferers.

ANNUAL REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1941.



GENERAL INSPECTION.

The total number of inspections, interviews and re-visits made is 2659 and the number of defects for which informal and formal notices were served numbered 704.

The following table shows a summary of the principal nuisances and defects (excluding defects under Housing Acts) which have been dealt with:—

Defective and blocked drains	48
Defective and blocked W.C's	37
General defects on property	228
Defective Ashbins	241

The total number of dwellinghouses inspected during the year is 328. Enquiry was made into 454 cases of infectious disease.

SANITARY IMPROVEMENTS.

During the year two ashpits have been replaced by ashbins. No ashpits now remain in the town.

INSPECTION AND SUPERVISION OF FOOD.

All the butchers' shops and premises where food is stored or prepared are regularly inspected, the number of visits paid being 1144.

The following articles of food were examined during the year and condemned as unfit for human food:—

252 tins vegetables	126 tins fruit.
10 tins soups.	120 tins milk.
18 tins meat.	70 fbs. pork.
5 ths bacon.	1 lb. sausage.
42 eggs.	33 rabbits.
26 tins fish.	$7\frac{1}{2}$ stone fish.
10 fbs. cheese.	4 puddings.
10 salads.	12 hotpots.

5 fbs. 10 ozs. boneless beef. 11 lbs. chicken and ham roll. 6 boxes kippered mackerel.

COMMON LODGING HOUSES.

There is one registered common lodging house and two houses-let-in-lodgings. Defects to house and drainage at one have been remedied.

DRAINAGE AND SEWERAGE.

No extension of the sewerage and no important alteration to the drainage system has been made during the year. Careful inspection is made to ensure the maximum service of the existing sewers.

During the year the Department employees have opened 10 drains and 34 W.C's.

ERADICATION OF BED BUGS.

The number of premises disinfested during the year was 17.

OFFENSIVE TRADES.

Only one set of premises is used for the trade of tripe boiling, two for marine stores, one for rag and bone dealer and in one factory fertilisers and poultry foods are manufactured. These premises are periodically visited and are kept in a satisfactory condition.

INSPECTION OF FACTORIES.

In the Borough there are:—	
Factories (with mechanical power)	67
Factories (without mechanical power)	34
Bakehouses	45

The bakehouses have received usual inspections but owing to pressure of civil defence duties the factories have not had the same attention as in former years.

REFUSE COLLECTION.

Salvage of materials has become a predominent feature of refuse collection and disposal. It is satisfactory to report the keenness shown by the workmen in the collection of salvage materials. Also the good response of the general public to the appeals made to them by the specially appointed salvage officer.

Below are noted details of the salvage collected during the year :—

	tons.	cwts.	qrs.	tbs.	
Paper	127	5	3		
Ferrous Metals	59	12			
Aluminium		3	3	5	
Brass		6	3	20	
Lead		7	1		
Textiles	3	8			
Bottles (279 gross)	16	5			
Bones	2	19	3	6	
Kitchen Waste	77	9	2		
Old Sacking, String, etc	1	1	2		
TOTAL	288	19	1	25	

The collection of kitchen waste from communal bins placed in various parts of the town was taken over and dealt with solely by the Department in October. Up to the end of the year 28 loads of waste weighing approximately 37 tons were collected from 240 bins.

3831 loads of house and trade refuse were collected during the year.

The average weight of one load of refuse was 1 ton 15 cwts. 3 qrs. and the total weight of refuse collected was approximately 6748 tons.

312 dustbins were supplied during the year and charged to owners of the property.

The following table shows the number of ashbins and pits which have received attention during the year:—

Ashbins	Ashpits	Loads
286,130	3	4,517

The number of ashbins is shown below in each ward, the refuse from which is removed by this Department.

	Ashbins
Lancashire Ward	1684
Stayley Ward	2508
Dukinfield Ward	1314
Millbrook Ward	845
	6351

The Department has been responsible for attention to the chemical closets in air raid shelters and at the Warden's Posts. Re-charging was carried out as required.

At monthly intervals air raid shelters have been sprayed with Milton's preparations by the Department's employees.

Name and Situation	Clinics Held.	Bywhom provided
I. Maternity and Child Welfare Centre, High Street.	Infant Consultations— Tuesday - 2—3-45 p.m. Wednesday - 2—3-45 p.m. Ante-Natal Clinic Alternate Thursdays2—4. Post Natal Clinic One Thursday per month 2 — 4 p.m.	Corporation.
II. School Clinic High Street.	Minor Ailments— Monday to Friday 9-0 — 12 noon. S.M.O's Inspection Clinic— Monday 9-30—12 noon. Thursday 9-30—12 noon. Ophthalmic Clinic— Tuesday 10 — 12 noon.	Stalybridge Corporation.
III. Joint School M. & C.W. Dept., High Street.	Artificial Sunlight Clinic — Tuesday 9 — 12 noon. Friday 2 — 4 p.m. Orthopædic Clinic — Monday 2 — 4 p.m. Thursday 10 — 12 noon. Immunisation Clinic — Alternate Fridays 10 — 12 noon.	Stalybridge Corporation.
IV. Dental Clinic, Market Street	Monday 9-30 — 12 noon. Tuesday 9-30 — 12 noon. Thursday 9-30—12 noon & 1-45 p.m.—4 p.m. Friday do. do. Saturday—Treatment of Casuals.	Stalybridge Corporation.
V. Tuberculosis Dispensary, Beeley Street. Hyde.	Monday 10—12 noon. Wednesday 2—4 p.m. Wednesday 6—7-30 p.m.	Cheshire County.
VI. Venereal Diseases, Dist. Infirmary, Ashton-u-Lyne.	Monday 6—7 p.m. Wednesday 3—4-30 p.m. Thursday 6—7-30 p.m.	District Infirmary, Ashton - 11 - Lyne.



Geo. Whittaker & Sons, Stalybridge.